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# **Evaluating Impact: Turning Promises into Evidence**

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## **Contributing to Scaling Up Malaria Control for Impact**

**Debby Dyeris, Timothy Obot, Rabi Adeniyi, Dr. Folake Ademola-Majekodunmi and Dr. Olusola Oresanya**

**Moderator: Paloma Acevado**

**Accra, Ghana**

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# 1. Background

- ❑ Nigeria is the most populous country in Africa, more than 150 million people live in Nigeria
- ❑ About 97% of the population is at risk of infection sparing those living in the high mountainous areas of the plateau.
- ❑ 50% of the population will have at least one attack in a year (RBM 2008).
- ❑ Currently, malaria accounts for about 130 million clinically diagnosed cases
- ❑ It is responsible for about 60% of all clinic attendance and 30% hospital admissions

# Programme Goal and Target

- **Goal: To reduce malaria related morbidity and mortality in Nigeria by 50% by 2013 and minimize the socio-economic impact of the disease**

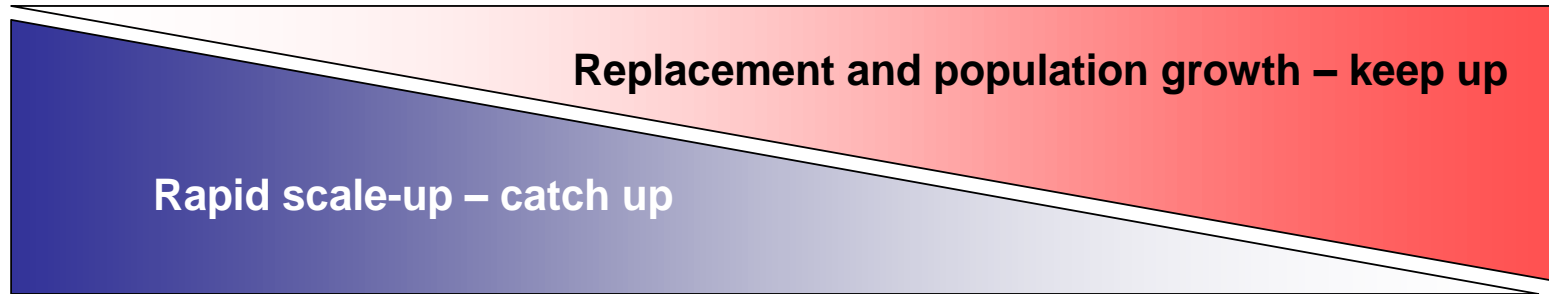
## Main Programme Targets:

- **Reduction of malaria related mortality by 50% by 2010 compared to 2000**  
=child mortality rate reduction from 207/1,000 live births to 176/1,000 in 2010 and 158/1,000 in 2013.
- **Reduction of malaria parasite prevalence in children less than 5 years by 50% by 2013**

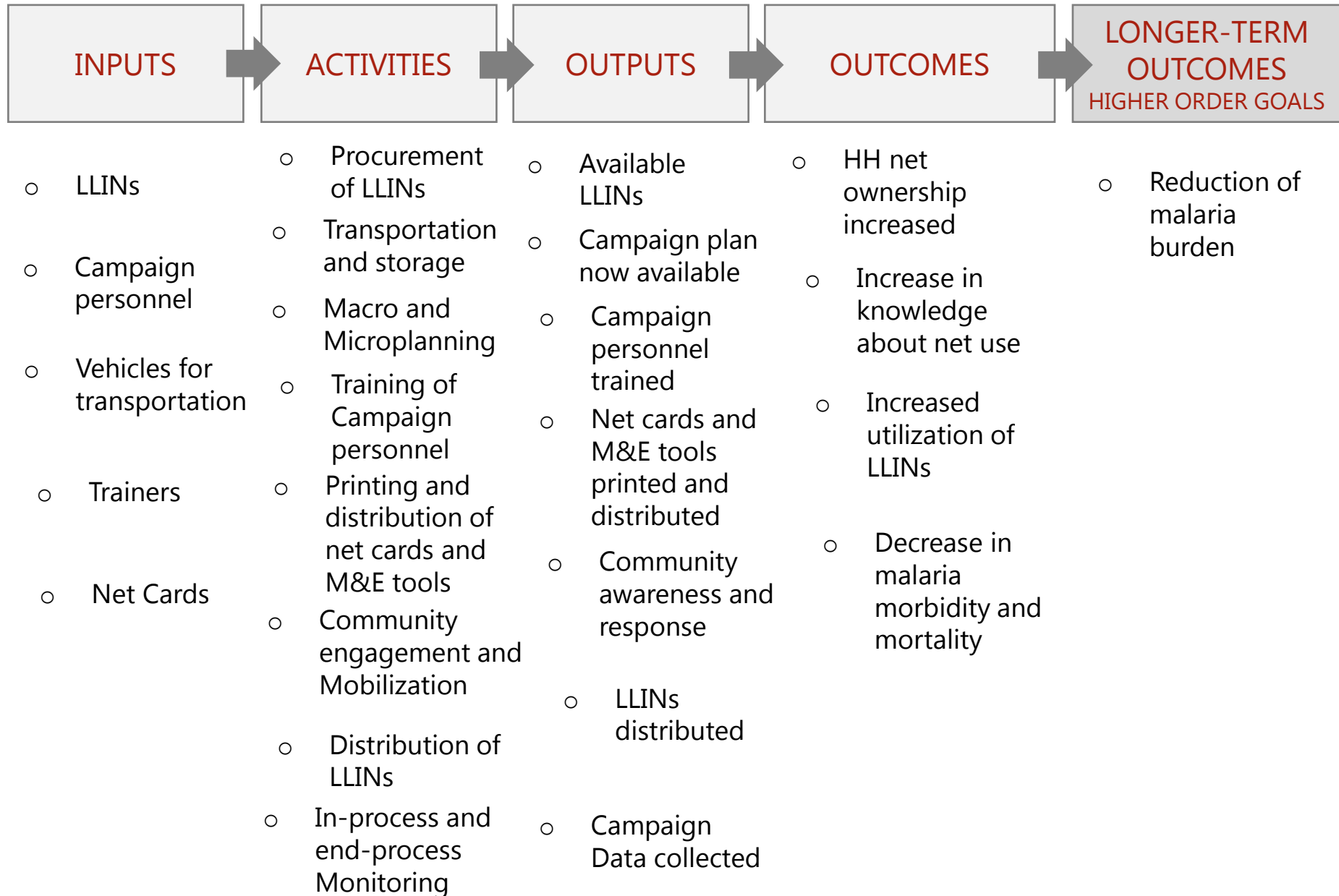


# Model of LLIN Distribution

The two phases of LLIN implementation



# 2. Results Chain



# 3. Primary Research Questions

- ❑ How effective is LLIN mass campaign at increasing household ownership of nets?
- ❑ What is the effect of the campaign communication strategy on the knowledge, attitude and practice of the communities regarding LLIN?
- ❑ what is the effect of LLIN distribution on net utilization
- ❑ what is the impact of LLIN mass campaign on malaria morbidity and mortality amongst children under the age of five?

# 4. Outcome Indicators

- Proportion of households that own at least 2 LLINs
- Proportion of people who heard about the campaign
- Proportion of people who know how to use the nets correctly.
- Proportion of people who slept under an LLIN the night before the survey.
  - Proportion of children under five who slept under LLIN the previous night.
  - Proportion of pregnant women who slept under an LLIN the previous night.
- Proportion of Out-patient attendance due to malaria
- Malaria prevalence rate among children under five
- Anaemia prevalence rate



# 5. Identification Strategy/ Method

- ❑ Randomized roll-out
  - ❑ since the rule of operation is universal and roll out is phased, the methodology for the IE would be randomized roll-out.
  - ❑ The first set of recipients of the nets would be the treatment group while those who would receive the nets later would constitute the control group.
  - ❑ So far 11 states have been covered
  - ❑ There are 26 states more to go
  - ❑ The net distribution has been randomly phased.

# 6. Sample and Data

- ❑ We have 2 options for determining our sampling frame
  1. To do a multi-staged stratified clustering and using communities within **randomly** selected LGAs as the domain.
    - ❑ Universe : 16,000 communities
    - ❑ Power calculations to determine the sample size
  2. To group the states yet to be covered by the dates of implementation and similar xtics and use these as comparison groups. **Dif in dif**
    - ❑ 26 states yet to be covered
    - ❑ 13 treatment groups and 13 controls
- ❑ Representative sample of households within each community would be taken to collect data on the desired indicators.
- ❑ Data collection would done by adapting existing standardized tools e.g. NDHS tool, MIS tool

# 7. Time Frame / Work Plan

- ❑ Baseline survey should be done in June/July
- ❑ The treatment would be implemented from May to Dec
- ❑ The differences in implementation dates/timelines would constitute the comparison window between treatment and control groups.

# Planned distribution of LLIN in 2010

Month	SST 1	SST 2	SST 3	SST 4	SST 5	SST 6
MAR	Jigawa/ Bauchi	Akwa Ibom/ Rivers				
APR						
MAY	Gombe		Adamawa	Kaduna		
JUN		Bayelsa			Ebonyi	Kwara
JUL						
AUG	Nasarawa	Enugu	Benue			
SEPT	FCT	Cross Rivers		Lagos	Yobe	Plateau
OCT		Edo	Abia	Imo	Zamfara	Borno
NOV	Oyo	Delta	Osun	Ondo	Katsina	Kogi
					Taraba	

# 8. Sources of Financing

- FGN,
- GFATM,
- World Bank,
- WHO
- UNICEF
- DFID,